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The Honorable Joseph M. McNamara  
Chairman  
House Committee on Health, Education, and Welfare (HEW)  
State House  
82 Smith Street  
Providence, Rhode Island 02903

RE: H 6169 – An Act Relating to Health & Safety – Emergency Medical Transportation Services

Dear Chairman McNamara:

I am writing in opposition to H 6169 (the Act), which would alter membership on the state Ambulance Service Coordinating Advisory Board to include more representation from cities and towns. H 6169 would also include a provision for legislative committee review if a proposed regulation resulted in additional state mandates.

RIDOH fully supports the addition of a representative of the Rhode Island League of Cities and Towns. It is important that the voice of Rhode Island's municipalities be included on the Advisory Board. We do, however, have reservations regarding the balance of Rhode Island Department of Health (RIDOH) and municipal representation on the board resulting from H 6169's removal of two (2) department of health officials. Rather than maintaining a balanced number of RIDOH and municipal officials, the Act's proposes addition of mayor, town administrator, town manager, or other municipal official and increases the number of EMTs and Firefighters from seven (7) to eight (8). The RIDOH is not in favor of the provision in H 6169 that would remove two (2) RIDOH seats from membership on the Ambulance Service Coordinating Advisory Board.

It is critically important that RIDOH Center for Emergency Medical Services (CEMS) continue to have an active voice on the Board as CEMS holds unique expertise and information critical to the functioning of ambulance services. CEMS is responsible for planning for, and oversee licensing of, emergency medical services in the state. Specifically, CEMS is responsible for:

- Developing and administering the comprehensive statewide plan for emergency medical services;
- Establishing minimum standards for licensing, vehicles, equipment for vehicles, personnel, training, communications and the treatment of acutely ill or injured persons by ambulance and rescue personnel; and
- Collecting and analyzing ambulance run data.

The primary focus of the Advisory Board has been and must continue to be on advising RIDOH on the most effective strategies for saving lives and speeding the healing of "persons injured in accidents or otherwise in need of medical service by providing an emergency care system that will bring the injured or sick person under the care of person properly trained to care for the injured or sick in the shortest practical time and that will provide safe transportation for the inured or sick person to a treatment center prepared to receive the injured person" as outlined in RI General Laws § 23-4.1-1. These represent core public health and safety standards. In both Connecticut and Massachusetts, the state Health Commissioner and the state EMS Medical Director sit on the state EMS Advisory Board. By eliminating department of health officials from the advisory board, H 6169 compromises the board's ability to improve care for injured or sick persons as required by Rhode Island law.

The Act also violates separation of powers by prohibiting the enactment of certain ambulance licensure regulations unless and until committees of the House and Senate hold hearings. This provision impermissibly intrudes on the Executive's constitutional mandate to faithfully execute the law by authorizing what amounts to a legislative veto of certain proposed regulations. A failure by either house to hold a legislative hearing would effectively veto that regulation. Even if House and Senate committees were to hold timely hearings, the Act would still interfere with the Executive's ability to implement a comprehensive ambulance licensing scheme by targeting particular regulations for legislative assessment and preapproval.

Sincerely,



Nicole Alexander-Scott, MD, MPH

Director

Rhode Island Department of Health

CC: The Honorable Members of the House Committee on HEW  
The Honorable Deborah A. Fellela